HIPAA Administrative Simplification Compliance Extension September 4 and 5, 2002

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What is HIPAA?

- The Health Insurance Portability and Accountability Act of 1996
 - Insurance Portability
 - Fraud Enforcement (Accountability)
 - Administrative Simplification
- Administrative Simplification
 - Transactions and Code Sets
 - Privacy
 - Security

Who is Covered by HIPAA?

- Applies to covered entities (CE's):
 - Health Care Plans
 - Health Care Clearing Houses
 - Health Care Providers who transmit (send) any health information in electronic form using any of the standard transactions



And Now the Standard Transactions

- Health Care Claims or Equivalent Encounter Data (837)
- Health Care Eligibility Benefit Inquiry and Response (270/271)
- Health Care Claim Status Request and Response (276/277)
- Health Care Service Review Request for Review (278)

And Now Yet More of the Standard Transactions

- Benefit Enrollment and Maintenance (834)
- Health Care Claim Payment and Remittance Advise (835)
- Payroll Deducted and Other Group Premium Payment of Insurance Products (820)
- Coordination of Benefits
- NOTE: Direct data entry for any of the above transactions appears to make you a CE.

Scenes from Coming Transactions

- First Report of Injury
- Electronic Attachments



Administrative Simplification Compliance Act

- Also known ASCA and House Bill 3323
- Signed by President Bush on December 27, 2001
- Allows any CE to file for a transactions delay before October 16, 2002



ASCA - Continued



- Requires CE's to:
 - Draft and submit a compliance plan
 - Begin transaction testing no later than April 16, 2003
 - DMH
 - Medicaid
 - Medicare
 - Other third party payers
- Requires that all Medicare billing be done electronically by October 16, 2003

CMS Information

- Published sample Compliance Plan and instructions on March 29, 2002
- Urges CE's to file at CMS web site http://www.cms.gov/hipaa/hipaa2/ascaform.asp

OR

 CE's may mail Compliance Plan to CMS if it includes all elements:

ATTENTION: Model Compliance Plan

Centers for Medicare and Medicaid

P.O. Box 8040

Baltimore, MD 21244-8040

Extension is automatic

The Compliance Plan

• Must include:

- An analysis reflecting the extent to which, and the reasons why the CE is not compliant
- A budget, schedule, work plan and implementation strategy for achieving compliance.
- Whether the CE plan to use or might use a contractor or other vendor to assist the CE in achieving compliance

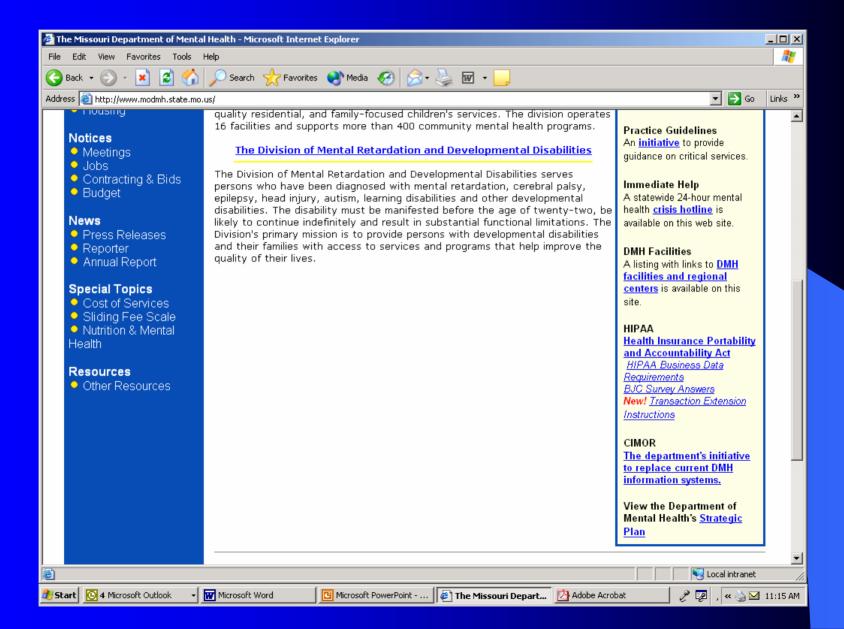
More of The Compliance Plan

- A timeframe for testing that begins no later than April 16, 2002
- Compliance must be achieved no later than October 16, 2003 for ALL CE's.
- Only 26 questions on CMS web site
 - Federal Tax ID Number
 - Responsible person
 - Medicare Number
- The transaction delay does NOT change the Privacy implementation date of April 2003.

What Has DMH Done?

- DMH submitted compliance plans for Central Office and all facilities on April 28, 2002.
- Established link to CMS form at our Internet site.
- CIMOR
 - Will handle transactions and code sets
 - You need to understand both the medical and non-medical code sets

DMH Web Site



What Should You Do?

- If you are waiting for CIMOR to do electronic billing – file for the extension.
- If you are a "batch provider" who is not HIPAA ready, file for the extension
- If you are a batch provider and are HIPAA ready, you do not need to file for an extension
 - CAUTION: Must be able to handle NDC codes.
 - J Codes are part of the NPRM for TCS changes
- Talk to your other payers

Where to Get More Information

- DMH Internet site
 - E-mail: HIPAA@mail.dmh.state.mo.us
- SNIP www.mosnip.com
 - Regular monthly meeting in Columbia (not training)
- Implementation guides available from Washington Publishing Co
 - http://www.wpc-edi.com
- Department of Health and Human Services aspe.os.dhhs.gov/admnsimp

Questions



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